

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 307  
-10-47  
-17-39  
-1. 3555

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36803

State File No. ....

FILED DEC 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4555

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hours  
(Specify whether  
In this community as above  
years, months or days)

3. (a) PRINT FULL NAME Andy Peterson

3. (b) If veteran, name war no. 3. (c) Social Security No. 495-20-1348

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 6, 1925  
(Month) (Day) (Year)

8. AGE: Years 23 Months 24 Days 7 If less than one day  
1 hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Daniel Peterson  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruby Stephens  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Peterson  
(b) Address Wellington, Missouri  
17. (a) removal (b) Date thereof 11-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wellington, Missouri

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 11-8-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 54  
(c) City or town Wellington  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? X no (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7  
year 1948 hour 5:45 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Coroner, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Bun shot wound of Right  
Buttocks.  
Due to Hemorrhage  
Due to shock

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 184  
Of operations 37  
Of autopsy no  
Heraldine Holmes  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 11-7-48  
(c) Where did injury occur? Loganville Co. Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? no (Specify type of place) Highway  
(e) Means of injury Car  
Signature James C. Walker (M. D. or other)  
Address 2429 1/2 N. 1st St. M.M. Date signed 11-8-48

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**